

Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

Cat	10	Office of (Campaign and Politic	al Finance	8
manouwealth Massachusetts					
ffice of Campaign and Pe ne Ashburton Place	olitical Finance				
ston, MA 02108	#1 1#1 (#				* *
17) 727-8352.		· 9)is 30 2	906	
Date of Report:		(Must be filed within 7 business days of expenditure(s) in excess of \$100.00 in aggregate)			
		(Mast be med n		*	
Expenditure(s) Made By:		Massachusetts Nurses Association (Name of individual or group making expenditure)			
y		(Name	of marvidual or group making ex	, character of	
		340 Turnpike St., Zin			02021 Zin
		Street Address City/ Town			
N of Con	didate(s) For V	Whom the Abov	ve Expenditure(s) Election or	Defeat Promoted:	
, Name of Can			Here Canes		PP.
en en	<u>.</u>	6	ACK Carres	Jay Delve P	4
			94 546 84		•
	38			# 04 17	i po
. Expenditure(s):			2	ovvienturelle-de
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n as naid	To Wh	om Paid	Address	Purpose	Amount
Date Paid			leo Main St.	print ad	1062,491
0/20/06	- 1	outton			
	Fnte	rprise.	Brocketon 02303	Mailing	103.54
10/27/00	Saltus	press	24 Johna St		
		(2)	Worcester 01604		
10					
				c	18A:
I hereby certify	the expenditure	es noted are inc	dependent expenditures, as de	efined by M.G.L. c.55, section	
	1/)	who made the	expenditure(s) described here	ein did not solicit or receive an	y contributions in
(1) the individu	al(s) or group on of such exp	enditure(s); an	d		e act in concert with
(2) the individu	al(s) or group	who made the	expenditure(s) described here	ein did not cooperate, consult o e organized on behalf of any c	andidate, or any
					21010200,
agent of a c	andidate or an	y political com	mittee in making such expen	cuture(a).	
	.1 11 etetem	ents made here	ein are true and accurate.		9
I further certify	that all statem	CHIS HIMGO HOL		2	
Signed under t	he penalties o	f perjury:			a ^{ft}
1 /	λ		, 1 K	atrina Anderson	1 0 \f
be have	Middle	do	10/30/06 D	irector, Legislation a	ind Government Ar
MINI	VAXIMI	NU	Date Print	Name of Individual Signer and	Title (if signing on

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Print Name of Individual Signer and Title (if signing on